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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	Charles Corneles Van Dongen
COMPLETE IF KNOWN	
Application Number	PCT/AU2003/000940
Filing Date	24 July 2003
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THEFT DETERRENCE SECURITY SYSTEM

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

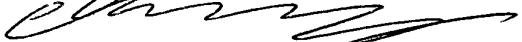
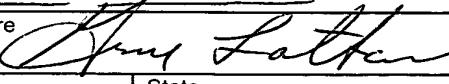
[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: 		<input checked="" type="checkbox"/> OR <input type="checkbox"/> Correspondence address below
<p>Name <u>GROVER L. HOWARD</u></p> <p>Address <u>12 WEIR STREET</u></p> <p>City <u>GLEN IRIS</u> State <u>VIC</u> ZIP <u>3146</u></p> <p>Country <u>AUSTRALIA</u> Telephone <u>+613 8554-6066</u> Fax <u>+613 8554-6070</u></p>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>		
<p>NAME OF SOLE OR FIRST INVENTOR: <u>CHARLES CORNELES</u></p> <p>Given Name (first and middle [if any]) <u>CHARLES CORNELES</u></p> <p>Inventor's Signature </p>		<p><input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <p>Family Name or Surname <u>VAN DONGEN</u></p> <p>Date <u>20/11/05</u></p>
Residence: City <u>FRANKSTON</u>	State <u>VIC</u>	Country <u>AUSTRALIA</u> Citizenship <u>AUSTRALIA</u>
<p>Mailing Address <u>4 CHAMOUNI COURT</u></p> <p>City <u>FRANKSTON</u> State <u>VIC</u> Zip <u>3199</u> Country <u>AUSTRALIA</u></p>		
<p>NAME OF SECOND INVENTOR: <u>GROVER LATHAM 3RD</u></p> <p>Given Name (first and middle [if any]) <u>GROVER LATHAM 3RD</u></p> <p>Inventor's Signature </p>		<p><input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <p>Family Name or Surname <u>HOWARD</u></p> <p>Date <u>20 Jan 05</u></p>
Residence: City <u>MELBOURNE</u>	State <u>VIC</u>	Country <u>AUSTRALIA</u> Citizenship <u>USA</u>
<p>Mailing Address <u>807/14 KAVANAGH STREET</u></p> <p>City <u>MELBOURNE</u> State <u>VIC</u> Zip <u>3006</u> Country <u>AUSTRALIA</u></p>		
<input type="checkbox"/> Additional inventors or a legal representative are being named on the		supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
--	---	--	--

Given Name (first and middle (if any)) Family Name or Surname

LINDSAY ALFRED CHAMPION

Inventor's Signature	<i>L. A. Champion</i>			Date <u>20 Jan 05</u>
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Residence: City <u>VERMONT</u>	State <u>VIC</u>	Country <u>AUSTRALIA</u>	Citizenship <u>AUX</u>
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1 GRIGG AVENUE

Mailing Address

City <u>VERMONT</u>	State <u>VIC</u>	Zip <u>3133</u>	Country <u>AUSTRALIA</u>
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Name of Additional Joint Inventor, if any:	<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor		
--	--	--	--

Given Name (first and middle (if any)) Family Name or Surname

STUART JUSTIN EVANS

Inventor's Signature				Date
----------------------	--	--	--	------

Residence: City <u>CAULFIELD</u>	State <u>VIC</u>	Country <u>AUSTRALIA</u>	Citizenship <u>AUX</u>
----------------------------------	------------------	--------------------------	------------------------

142 BAMBRA ROAD

Mailing Address

City <u>CAULFIELD</u>	State <u>VIC</u>	Zip <u>3162</u>	Country <u>AUSTRALIA</u>
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Name of Additional Joint Inventor, if any:	<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor		
--	--	--	--

Given Name (first and middle (if any)) Family Name or Surname

EVAN DOUGLAS EVANS

Inventor's Signature				Date
----------------------	--	--	--	------

Residence: City <u>NORTH CAULFIELD</u>	State <u>VIC</u>	Country <u>AUSTRALIA</u>	Citizenship <u>AUX</u>
--	------------------	--------------------------	------------------------

6 RAPHAEL STREET

Mailing Address

City <u>NORTH CAULFIELD</u>	State <u>VIC</u>	Zip <u>3161</u>	Country <u>AUSTRALIA</u>
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	PCT/AU2003/000940
Filing Date	24 JULY 2004
First Named Inventor	CHARLES CORNELES VAN DONGEN
Title	THEFT DETERRENCE SECURITY SYSTEM
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

Firm or Individual Name

GROVER L. HOWARD

Address

12 WEIR STREET

City

GLEN IRIS

State

VICZip **3146**

Country

AUSTRALIA

Telephone

+613 8554-6066

Fax

+613 8554-6070

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	20/11/05
Name	CHARLES CORNELES VAN DONGEN	Telephone	+613 8554-6062
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of **5** forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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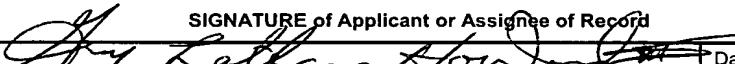
 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	GROVER L. HOWARD			
Address	12 WEIR STREET				
City	GLEN IRIS	State	VIC	Zip	3146
Country	AUSTRALIA				
Telephone	+613 8554-6066	Fax	+613 8554-6070		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature		Date	20 Jan 05
Name	GROVER LATHAM HOWARD 3RD	Telephone	+613 8554-6066
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.

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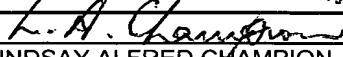
OR

<input checked="" type="checkbox"/>	Firm or Individual Name	GROVER L. HOWARD			
Address		12 WEIR STREET			
City	GLEN IRIS	State	VIC	Zip	3146
Country	AUSTRALIA				
Telephone	+613 8554-6066	Fax	+613 8554-6070		

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	20 Van 05
Name	LINDSAY ALFRED CHAMPION	Telephone	+613 8554-6064
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	GROVER L. HOWARD
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Address

12 WEIR STREET

City

GLEN IRIS

State

VIC

Zip

3146

Country

AUSTRALIA

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+613 8554-6066

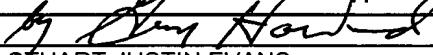
Fax

+613 8554-6070

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	20 Jan 05
Name	STUART JUSTIN EVANS	Telephone	+613 8554-6079
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Art Unit	
Examiner Name	
Attorney Docket Number	

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OR

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	GROVER L. HOWARD
-------------------------------------	-------------------------	------------------

Address

12 WEIR STREET

City	GLEN IRIS	State	VIC	Zip	3146
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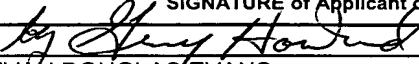
Country	AUSTRALIA
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Telephone	+613 8554-6066	Fax	+613 8554-6070
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	20 Jan 05
Name	EVAN DOUGLAS EVANS	Telephone	+613 8554-6079
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of **5** forms are submitted.

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